



Calendar Year: _____

State of Tennessee
Department of Commerce and Insurance
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway, 4th Floor
Nashville, TN 37243
(615) 741-1670

ACCREDITED REINSURER/SURPLUS LINES RETALIATORY FEE COMPUTATION

Company Name _____

NAIC Co. Cocode _____

Tennessee Column A**State of Incorporation Column B****Fees Payable to Tennessee****Fees which a TN Company, with identical Premium or other Income, would have paid to your State**

Filing Annual Statement \$ 515.00 (880/554)

Certificate of Authority
Renewal (Company) \$ XXXXXX

Fraud Fee \$ XXXXXX

Surplus Lines Review Fee \$ 270.00 (880/219)

Other Department Licenses
and Fees (Itemize Below)

\$

\$

\$

TOTAL:

\$

TOTAL:

\$

Amount to remit is the larger total in either the Tennessee Column A or the State of Incorporation Column B
(Minimum due is the \$785.00 Annual Statement Filing Fee and Surplus Lines Review Fee)

Remit sworn form and payment to:

Tennessee Department of Commerce & Insurance
P.O. Box 198983
Nashville, TN 37219-8983

Contact Person _____

Address (No. & Street) _____

City, State, Zip Code _____

Phone Number _____

Fax Number _____

E-Mail Address _____

State of _____ County of _____

I, _____, do hereby make oath that I am _____
(Officer's Name) (Official Title)of the _____
(Company Name)

that the foregoing Retaliatory Fee Computation is true to the best of my knowledge, information, and belief.

Notary Public _____

Signature of Officer _____

Subscribed and Sworn before me _____

My commission expires _____